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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

SECRETARY OF STATE

TAIL MINSSELL I LORDA

FEB 10 2016 S. YOUNG

COVER LETTER

TO:

TO:	Registration Se Division of Cor				
طرب	BRFC LLC	2			
SUBJE	:CT:'	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JAMES HALPERIN			
		_ -	Name of Person	•	
		BRFC LLC			
		-	Firm/Company		
		6237 SAN MICHEL WAY	· ,		
		-	Address	18 6	
		DELRAY BEACH, FL 33-	484	THE THE	FIL
		vettesfl@gmail.com	City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·	179
		E-mail address: (to be used for future annual report noti	fication)	, <u> </u>
For fur	her information c	oncerning this matter, please ca	all:		2 2
JAME	S HALPERIN		561 495-0738	<i>\$5</i> 7	
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclose	ed is a check for the	ne following amount:			
□ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corport Clifton Building	n	

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

, BRFC LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on FEBRUA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	SCREET OF PROPERTY
B. If amending the registered agent and/or registered agent and/or the new registered office addro	ered office address on our ess here:	records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida Zip Code
	Cuy	г ір Соае

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager . AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ADRIENNE HALLERIN	9237 SAN michel way Delray Brach, FL 3348	<u>34</u> □ Add
			■ Remove
			Change
MGR	JAMES HALPERIN	ORIVAY BEACH, FL 334	<u>'84</u> ■ Add
			□ Remove
			☐ Change
			Add
			DiRemove P Change
		Share	O3dd Add
			Remove
			Change
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Filing Fee: \$25.00